

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*corrected*

*10/560191*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>✓</i>		<i>1</i>		<i>✓</i>	
2		<i>1</i>		<i>1</i>		<i>1</i>
3		<i>1</i>		<i>1</i>		<i>1</i>
4		<i>1</i>		<i>1</i>		<i>1</i>
5		<i>1</i>		<i>1</i>		<i>1</i>
6		<i>1</i>		<i>1</i>		<i>1</i>
7		<i>1</i>		<i>1</i>		<i>1</i>
8		<i>1</i>		<i>1</i>		<i>1</i>
9		<i>1</i>		<i>1</i>		<i>1</i>
10		<i>1</i>		<i>1</i>		<i>1</i>
11		<i>1</i>		<i>1</i>		<i>1</i>
12		<i>1</i>		<i>1</i>		<i>1</i>
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TOTAL IND.		↓	<i>1</i>	↓		↓
TOTAL DEP.		←	<i>9</i>	←		←
TOTAL CLAIMS			<i>10</i>			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						